

PART B - FEE(S) TRANSMITTAL

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MAR 15 2007

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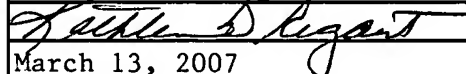
DANN, DORFMAN, HERRELL & SKILLMAN
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Kathleen D. Rigaut

(Depositor's name)



(Signature)

March 13, 2007

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/629,951	07/29/2003	Alfonso Bellacosa	0149-FCCC.96-21CON2	8900

TITLE OF INVENTION: ANTIBODIES IMMUNOLOGICALLY SPECIFIC FOR A DNA REPAIR ENDONUCLEASE AND METHODS OF USE THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300		03/15/2007 NNGUYEN \$8000053 10629951	3/13/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
TUNGATURTHI, PARITHOSH K	1643	530-387100	01 FC:2501 700.00 OP 02 FC:1504 300.00 OP 03 FC:0001 30.00 OP			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Kathleen D. Rigaut,
Ph.D., J.D.
1 Robert C. Netter, Jr.,
Ph.D.
2 DANN DORFMAN HERRELL
3 & SKILLMAN

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Fox Chase Cancer Center

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Philadelphia, Pennsylvania, USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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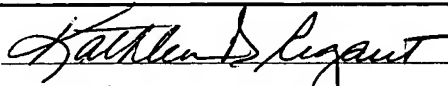
- ☒ A check is enclosed. \$1,030.00
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-1406 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature


Date March 13, 2007

Typed or printed name

Kathleen D. Rigaut

Registration No. 43,047

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